## REMOVAL OF INVALID LIEN

(Rev. & Tax. Code, §2196)

| On file in the office of the Tax Collector ofevidence furnished by the owner of the properroneously filed for recordation. |                  |               |        |
|----------------------------------------------------------------------------------------------------------------------------|------------------|---------------|--------|
| Assessed to:                                                                                                               |                  |               |        |
|                                                                                                                            |                  |               |        |
|                                                                                                                            |                  |               |        |
| Last known address:                                                                                                        |                  |               |        |
|                                                                                                                            |                  |               |        |
| Social Security Number(s) (last four digits only (§                                                                        | §2191.3)):       | unknown       |        |
|                                                                                                                            |                  |               |        |
| Amount of unsecured taxes due: \$                                                                                          |                  | -             |        |
|                                                                                                                            |                  |               |        |
| Certificate number:                                                                                                        |                  | _             |        |
| Therefore, in accordance with Revenue and Tax                                                                              |                  |               |        |
| of said county, do hereby release and discharq<br>thereon by the filing of that certain Certificate o                      | of Lien recorded |               | ·<br>, |
| under instrument numberthe official records of                                                                             |                  | at page       | of     |
| Executed on:                                                                                                               |                  |               |        |
| Date,                                                                                                                      | Ву               |               |        |
|                                                                                                                            |                  | Tax Collector |        |
|                                                                                                                            | Ву               | Deputy        |        |
|                                                                                                                            |                  | ' '           |        |